

## **HAWAII STATE ETHICS COMMISSION**

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Web site: www.hawaji.gov/ethics

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STATE OF HAWAII

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Pear, Jr.	Charles	E.	(808) 223-1212
MAILING ADDRESS (Street)	FAX (808) 535-8029		
Five Waterfront Plaza	EMAIL pear@m4iaw.com		
(City)	(State)		(Zip Code)
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (F	o lobby) TELEPHONE		
McCorriston Miller Mu	(808) 529-7300		
MAILING ADDRESS (Street)	FAX (808) 524-8293		
Five Waterfront Plaza, 4th Floor, 500 Ala Moana Boulevard			EMAIL info@m4law.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOB	TELEPHONE (407) 566-3000	
Disney Vacation Developme		
MAILING ADDRESS (Street)	FAX (407) 938-4391 EMAIL	
1390 Celebration Boulevard		
(City)	(State)	(Zip Code)
Celebration	Florida	34747
NAME OF PERSON RESPONSIBLE FOR I	TELEPHONE	
John M. McGowan, Esq.	(407) 566-3000	
MAILING ADDRESS (Street)	FAX (407) 938-4391	
1375 Buena Vista Drive, 4th	EMAIL John.M.McGowan@disney.com	
(City)	(State)	(Zip Code)
Lake Buena Vista	Florida	32830

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation 8 Finance	Intergovernmental Relations, International Affairs	☑ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections				
PART IV CERTIFICATION OF LOBBYIST						
I hereby certify that the logormation furnished above is, to the best of my knowledge, correct and complete.						
	Harry -		0/11/12			
(Signature of Loubyist)			(Date)			
	(Signature of Londysst)		(Date)			
PART V AUTHORIZATION TO LOBBY						
NAME						
John M. McGowan, Esq.						
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Disney Vacation Development, Inc.			(407) 566-3000			
MAILING ADDRESS (Street)			FAX (407) 938-4391			
1375 Buena Vista Drive, 4th Floor North			EMAIL John.M.McGowan@dlsney.com			
(City)	(State)		(Zip Code)			
Lake Buena Vista	Florida		32830			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Of man			2/11/13			
(Signature of Authorizing Officer or Person Represented) (Date)						